

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
 FILL OUT ALL BLANKS  
 AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <b>767</b>	
County <u>Pima</u>	District <u>Tucson</u>	County Registered No. <u>775</u>	Local Registrar's No. _____
<b>ORIGINAL CERTIFICATE OF DEATH</b> No. <u>570 South Convent</u> St. (If death occurred in a Hospital or Institution, give its NAME instead of street and number.) FULL NAME <u>Teresa M. de Elias</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>Mexican</u>	DATE OF DEATH <u>Feb. 22</u> 191 <u>7</u> (Month) (Day) (Year)	
SINGLE / MARRIED / WIDOWED / or DIVORCED DATE OF BIRTH <u>1838</u> (Month) (Day) (Year)		I hereby certify, that I attended deceased from <u>Jan 6</u> to <u>July 27</u> 191 <u>7</u> ; that I last saw her alive on <u>July 27</u> 191 <u>7</u> , and that death occurred on the date stated above at <u>9 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Pulmonary Edema</u> (Duration) _____ yrs _____ mos _____ days Was disease contracted in Arizona? <u>Yes</u> If not, where? _____ CONTRIBUTORY <u>Senile debility</u> (Duration) _____ yrs _____ mos _____ days Signed) <u>M. J. ...</u> <u>July 27</u> 191 <u>7</u> (Address) <u>Tucson</u> *In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal. LENGTH OF RESIDENCE At place of death <u>40</u> yrs <u>2</u> mos <u>15</u> ds. In Arizona <u>27</u> yrs <u>1</u> mos <u>15</u> ds. Former or Usual Residence _____ Filed <u>2-23</u> 191 <u>7</u> <u>Meadellayne</u> Local Registrar Filed <u>3-10</u> 191 <u>7</u> <u>Edw. J. ...</u> County Registrar	
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____ BIRTHPLACE (State or country) <u>Tubac Arizona</u> NAME OF FATHER <u>Jose M. Martinez</u> BIRTHPLACE OF FATHER (State or Country) <u>Hermosillo Son</u> MAIDEN NAME OF MOTHER <u>Felipa Yagoyen</u> BIRTHPLACE OF MOTHER (State or Country) <u>Tubac Ariz</u> The Above Is True to the Best of My Knowledge (Informant) <u>Rosenda E. de Contreras</u> (Address) <u>Tucson Ariz</u> PLACE OF BURIAL OR REMOVAL <u>Holy Hope Cem</u> DATE OF BURIAL OR REMOVAL <u>Feb. 23</u> 191 <u>7</u> UNDERTAKER <u>Tucson Und. Co.</u> ADDRESS <u>Tucson Ariz</u>			